



McKinley County Sheriff's Office

Detail

Print Date/Time: 09/02/2026 13:12
Login ID: so_haryaz
Case Number: 2026-00010128

MCKINLEY COUNTY SHERIFF OFFICE
ORI Number: NM0170000

Case Details:

Case Number:	2026-00010128	Incident Type:	Agg Assault/Batt-Hands,Fist,Feet
Location:	3405 W HISTORIC HIGHWAY 66 GALLUP,NM 87301	Occured From:	07/16/2026 05:36
		Occured Thru:	07/16/2026 06:54
		Reported Date:	07/16/2026 05:36 Thursday
Reporting Officer ID:	2737-Bittony	Status:	Referred
		Status Date:	07/16/2026

Case Assignments:

Assigned Officer	Assignment Date/Time	Assignment Type	Assigned By Officer	Due Date/Time
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Associated Cases	Status	Assisting ORIs	Role
Modus Operandi	Solvability Factors	Weight	Total:

Offenses

No.	Group/ORI	Crime Code	Statute	Description	Counts
1	State	13B	30-3-4	BATTERY	1



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Offense # 1

Group/ORI: State Crime Code: 13B Statute: 30-3-4 Counts: 1 Attempt/ Commit Code: Commit
Description: BATTERY
NCIC Code: Scene Code: Air/Bus/Train Terminal
Offense Status: Status Date: Occupancy Code:
Arson Code: Domestic Code: Child Abuse:
Gang Related: No Aiding/Abetting: Sub-Code:
of Adults: # of Juveniles: IBR Seq. No: 1
Property Damage Amt.: Abandoned Structure:
Domestic Circumstance: Carjacking:
Accosting Situation: Hate Bias Indicator: Premise Code:
Gambling Motivated: Order of Protection: Prior Inv - Victim:
Prior Inv - Offender: Anit-reproductive rights crime: Cargo Theft: No
Special Circumstances: Precipitating Event:

Offender Suspected of Using

Alcohol: No
Drugs: No
Computer: No
Aggravated Assault/ Homicide
Circumstances #1:
Aggravated Assault/
Homicide Remarks #1:
Justifiable Homicide
Circumstances :
Method of Entry Type:
Point of Entry:
Method of Exit Type:
Point of Exit:
Direction of Travel:
Counterfeit Type:

Victim Suspected of Using

Alcohol:
Drugs:
Computer:
Aggravated Assault/ Homicide
Circumstances #2:
Aggravated Assault/
Homicide Remarks #2:
Justifiable Homicide Code
Method of Entry :
of Premises Entered :
Method of Exit :
How Left Scene:

Larceny Type:

Counterfeit Amount:

Weapon Code : Personal (Hands/Fist/Feet)

Feature: None Caliber: Weapon Length:
Weapon Gauge: Guage Other: Weapon Grips: Weapon Finish:
Weapon Finish Other: Weapon Other:
Weapon Action: Firearm Make: Knife Type:

Subjects

Type	No.	Name	Address	Phone	Race	Sex	DOB/Age
Complainant	1				White	Female	
Suspect	1	SHUBHAM, NO GIVEN NAME	FAYETTEVILLE, GA 30215		Unknown	Male	2005



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Subject # 1-Complainant

Primary: No
Name: [REDACTED] KRYSTAL [REDACTED]
Address: [REDACTED]
Race: White Sex: Female DOB: [REDACTED]
Height: [REDACTED] Weight: [REDACTED] Build: [REDACTED]

Primary Phone: [REDACTED] SSN: [REDACTED] DVL #: [REDACTED] State: [REDACTED]
Resident Type: [REDACTED] Resident Status: Nonresident Statement Type: [REDACTED]
Disposition: [REDACTED] Date: [REDACTED] Custody Status: [REDACTED]

[Related Offenses](#)

[Related Weapons](#)

[Victim/Offender Relationship](#)

Transported By: [REDACTED] Extent of Injury: [REDACTED] Hospital: [REDACTED]
Domestic Violence: [REDACTED] Domestic Violence Referrals: [REDACTED] Federal Agencies Involved: [REDACTED]
Condition: [REDACTED] Medical Treatment: [REDACTED]

[Injury Types](#)

[Modus Operandi](#)

[Missing Person Information](#)

Subject # 1-Suspect

Primary: No
Name: SHUBHAM. NO GIVFN NAME
Address: [REDACTED] FAYETTEVILLE GA 30215
Suspect Type: [REDACTED]
Race: Unknown Sex: Male DOB: [REDACTED] 2005
Height: 5ft 9 in Weight: 150.0 lbs. Build: [REDACTED]
Eyes: BLK Hair: Black Age: 21
SSN: [REDACTED] DVL #: [REDACTED] State: [REDACTED]

Primary Phone: [REDACTED]
Resident Type: [REDACTED] Resident Status: Nonresident Statement Type: [REDACTED]
Disposition: [REDACTED] Date: [REDACTED] Custody Status: [REDACTED]

[Related Offenses](#)

Group/ORI	Crime Code	Statute	Description
State	13B	30-3-4	BATTERY

[Related Weapons](#)

[Victim/Offender Relationship](#)

Transported By: [REDACTED] Extent of Injury: [REDACTED] Hospital: [REDACTED]
Domestic Violence: [REDACTED] Domestic Violence Referrals: [REDACTED] Federal Agencies Involved: [REDACTED]
Condition: [REDACTED] Medical Treatment: [REDACTED]

[Injury Types](#)

[Modus Operandi](#)

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Subject # 1-Victim

Primary: No Victim Type: Individual
Name: [REDACTED] EIGH Race: White Sex: Female DOB: [REDACTED]
[REDACTED] Build: [REDACTED]

Primary Phone: [REDACTED] SSN: [REDACTED] DVC #: [REDACTED] State: [REDACTED]
Resident Type: [REDACTED] Resident Status: Nonresident Statement Type: [REDACTED]
Disposition: [REDACTED] Date: [REDACTED] Custody Status: [REDACTED]

Related Offenses

Group/ORI	Crime Code	Statute	Description
State	13B	30-3-4	BATTERY

Related Weapons

Victim/Offender Relationship

No.	Type	Name	Relationship
1	Suspect	[REDACTED] LEIGH	Stranger

Transported By: [REDACTED] Extent of Injury: None Hospital: [REDACTED]
Domestic Violence: [REDACTED] Domestic Violence Referrals: [REDACTED] Federal Agencies Involved: [REDACTED]
Condition: No Apparent Defects Medical Treatment: [REDACTED]

Injury Types	Modus Operandi
None	[REDACTED]

Missing Person Information

Arrests

Arrest No.	Name	Address	Date/Time	Type	Age
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Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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Vehicles

No.	Role	Vehicle Type	Year	Make	Model	Color	License Plate	State
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Signature

Date: